

**Arkansas Bureau of Standards
4608 West 61st Street
Little Rock, AR 72209
Telephone: 501-570-1159
Fax: 501-562-7605**

Consumer Complaint Form

**Complainant
Name** _____

Day Phone: _____ - _____ **Evening Phone:** _____ - _____

**Mailing
Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

**Name of
Establishment** _____

Address _____ **City** _____ **County** _____

Nature of Complaint

**(Please include all information relative to the complaint including date/time of
incident, directions, landmarks, etc.)**

Retail Meter ☐ **Wholesale Meter** ☐ **Scale** ☐ **Moisture Meter** ☐ **LP Meter** ☐ **Pricing** ☐

Misrepresentation of Quantity ☐ **Petroleum Quality** ☐ **Labeling** ☐ **Advertising** ☐

Taken by: _____ **Date:** _____ **By Phone** ☐ **In Person** ☐

Complaint directed to _____ **for investigation on (date)** _____

[illegible]

Investigator Signature Date